

\*\*\*\*\*NOTICE\*\*\*\*\*

## SAMPLE ONLY

You must contact the Louisiana State  
Licensing Board for Contractors at  
225-765-2301 for an original copy  
to submit for application.

\*\*\*\*\*NOTICE\*\*\*\*\*

HOME IMPROVEMENT REGISTRATION APPLICATION

THERE WILL BE NO REFUND OF APPLICATION FEE.  
YOU MUST ANSWER EVERY QUESTION.  
[If space provided is not sufficient, use separate sheet(s) and attach.]

DO NOT WRITE IN THIS SPACE – OFFICIAL USE ONLY		
Date Received _____	Fee: _____	Check #: _____
Person Making Entry _____		
Date Registration Valid _____	Regis. #: H _____	

Misrepresentation of information supplied by an applicant shall be deemed sufficient cause for denial of application. Application must be accompanied by the required fee. Application must be printed or typewritten in black ink.

PRINT NAME OF INDIVIDUAL OR FIRM AS YOU WISH IT TO APPEAR ON REGISTRATION.  
APPLICANTS MUST CONDUCT THEIR CONTRACTING BUSINESS UNDER  
THE EXACT NAME SHOWN UPON THEIR REGISTRATION CERTIFICATES

APPLICANT – (If Corporation, LLC, or Limited Partnership, must register in the **exact name** as registered with the LA Secretary of State’s office.) \_\_\_\_\_

CHECK ONE    ☐ Sole Proprietor    ☐ Partnership    ☐ Corporation    ☐ Limited Liability Company

Social Security Number for Sole Proprietor/Federal ID Number for Firm \_\_\_\_\_

Physical Address (Street Name and No.)		City	State	Zip Code
Mailing Address (Street Name and No.)		City	State	Zip Code
Phone No. Area Code (     )	FAX No. Area Code (     )	Email Address	Website Address	

List names and addresses of any and all owners, partners, or trustees of the applicant including officers, directors and majority shareholders. (This is not required of publicly traded companies).

Name:	Title:	Address:

Yes	No	
		1. Have there been previous judgments or arbitration awards against the applicant? If yes, provide name of case, docket # for case, parish where case was conducted and advise if judgment/award has been paid in full.
		2. Has the applicant been previously registered in LA as a home improvement contractor? If yes, provide all other names under which the applicant has been registered.
		3. Has the applicant’s registration ever been suspended or revoked?

- Submit the following **required** information
- **Original** certificate of current insurance for worker’s compensation coverage in the **exact name** which shall appear on the registration certificate.
  - A \$50 check or money order made payable to: Louisiana State Licensing Board for Contractors.

AFFIDAVIT

I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations in this application, including all supplementary statements attached thereto, are true and accurate to the best of my knowledge and belief and acknowledge that any purposeful false information submitted on behalf of myself and/or this applicant and verified by this signature is cause to have registration denied or revoked by the State Licensing Board for Contractors.

Please complete the appropriate section below. **TYPE** or **PRINT** all names.

Sole Proprietor

Name of Limited Liability Company

Member: Member:

Member: Member:

Name of Partnership

Partner: Partner:

Partner: Partner:

Name of Corporation

Secretary

President

State of Parish or County of

Personally appears being duly sworn, deposes and saith:  
That the foregoing statements of the above-named applicant and all statements therein contained are true and correct and the answers of the foregoing are true to the best of my knowledge under penalties of perjury.

Signature of Applicant/Authorized Representative

Social Security Number

Sworn before me this day of , .

Signature of Notary Public

Print Name and Address of Notary Public